

TO:

Chief Procurement Officer

STATE PROCUREMENT OFFICE NOTICE & REQUEST FOR SOLE SOURCE

Received by State Procurement Office 07/20/2016

3. Amount of Request:

\$73,761.00

| FROM: | CPDHPD | | | |
|--|---|--|--|--|
| | Name of Requesting Department | | | |
| Pursuant to HRS §103D-306 and HAR chapter 3-122, Subchapter 9, the Department requests sole source approval to purchase the following: | | | | |
| 1. Describe t | he goods, services, or construction to be procured. | | | |
| health-health Control Progr | ealth Services Strategies (i.e., quality improvement, reimbursement and coverage, team based care, and public care linkages) within Federally Qualified Health Centers (FQHCs) and as outlined in the Hawaii State Asthma ram (HSACP) Centers for Disease Control and Prevention (CDC) grant, Comprehensive Asthma Control lence-based Strategies and Public Health - Health Care Collaboration (FOA #CDC-RFA-EH14-1404). | | | |
| | | | | |

- 4. Term of contract (shall not exceed 12 months), if applicable:

 5. Prior SPO-001, Sole Source (SS) No.:

 From: 1-Sep-16

 To: 31-Aug-17

 SS16-012D
- 6. Describe in detail the following:

2. Vendor/Contractor/Service Provider Name:

Hawaii Primary Care Association

a. The unique features, characteristics, or capabilities of the goods, service or construction.

Under the CDC cooperative agreement, grantees are to work with FQHCs to implement health care strategies in order to reduce the burden of asthma within disparate and underserved populations. FQHCs provide health care services to many low-income and uninsured asthma patients, including Medicaid recipients. In Hawaii, the Hawaii Primary Care Association (HPCA) oversees all 14 FQHCs, or Community Health Center (CHCs). The vendor -HPCA - is the sole representative and lead administrative unit that provides guidance for the CHCs.

b. How the unique features, characteristics or capabilities of the goods, service or construction are essential for the department

One goal of the HSACP is to reduce asthma disparities by reaching populations that are underserved and have a high prevalence of asthma. Based on the Comprehensive State Asthma Surveillance System (CSASS), the individuals in Hawaii that meet these criteria are individuals living in specific geographic areas such as the Waianae Coast, Hilo, rural and low-income areas, people of Native Hawaiian decent, and children. A majority of people living in geographic regions with high asthma rates rely on CHCs as the primary or sole health care facility in their area. Since the CHCs meet all these criteria as well as grant requirements, CHCs are the opportune service provider. Furthermore, the HPCA can ensure that all contract deliverables are met-since the HPCA oversees all CHCs.

Sole Source No. SS17-005K

7. Describe the efforts and results in determining that this is the only vendor/contractor/service provider who can provide the goods, services or construction.

The HPCA is a network of 14 CHCs, also known as FQHCs. The CHCs provide services on 6 islands, caring for more than 125,000 patients per year (about 10% of Hawaii's population). They also serve approximately 50% of Hawaii's Medicaid enrollees. This makes the CHCs the second-largest provider of direct primary medical services for the state of Hawaii and the perfect partner since they service Hawaii's target population for asthma. The HPCA represents all the CHCs in the state of Hawaii. The CHCs are the only FQHCs in the state of Hawaii and focus on medically underserved populations and target populations for the HSACP (low-income, rural regions, uninsured, Native Hawaiian and other minorities).

8. Alternate source. Describe the other possible sources for the goods, services, or construction that were investigated but did not meet the department's needs.

There are no other FQHCs in Hawaii, and no other health care facilities such as private hospitals that specifically serve disparate or underserved asthma population.

Identify the primary responsible staff person(s) conducting and managing this procurement. (Appropriate delegated procurement authority and completion of mandatory training required.)

*Point of contact (Place asterisk after name of person to contact for additional information).

| Name | Division/Agency | Phone Number | E-mail Address |
|---------------------------|-----------------|--------------|---------------------------|
| Lola H. Irvin, M.Ed. A HO | CDPHPD | 586-4481 | lola.irvin@doh.hawaii.gov |
| | | | |

Department shall ensure adherence to applicable administrative and statutory requirements, including HAR chapter 3-122, Subchapter 15, Cost or Pricing Data if required.

All requirements/approvals and internal controls for this expenditure is the responsibility of the department.

I certify that the information provided is to the best of my knowledge, true and correct.

Department Head Signature

JUL 2 0 2016

Date

| For Chief Procurement Officer Use Only | | | | | |
|--|--|--|--|--|--|
| Date Notice Posted: 7/22/2016 | | | | | |
| Submit written objection to this notice to issue a sole source contract within seven calendar days or as otherwise allowed from date notice posted to: | | | | | |
| state.procurement.office@hawaii.gov | | | | | |
| Chief Procurement Officer (CPO) Comments: | | | | | |
| Approval is granted for the period 9/01/2016 to 8/31/2017 and is based on the Department's representation that Hawaii Primary Care Association is the sole representative and lead administrative unit that provides guidance over the Community Health Centers in Hawaii. This approval is for the solicitation process only, HRS Section 103D-310(c) and HAR Section 3-122-112 shall apply (i.e. vendor is required to provide proof of compliance and may use the Hawaii Compliance Express) and the award is required to be posted on the Awards Reporting System. Copies of the compliance and the awards posting are required to be documented in the procurement/contract file. | | | | | |
| Department is also reminded that sole source contracts in excess of \$100,000 require certified cost or pricing data pursuant to HAR Chapter 3-122, subchapter 15 and are required to be documented in the procurement/contract file. | | | | | |
| If there are any questions, please contact Kevin Takaesu at 586-0568 or kevin.s.takaesu@hawaii.gov. | | | | | |
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| Approved Disapproved No Action Required Chief Riogurement Officer Signature Date | | | | | |
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